

Enter the name of the county in which you are filing this case.	STATE OF WISCONSIN, CIRCUIT COURT, RACINE COUNTY		
The plaintiff is the person bringing the law suit. Enter the Plaintiff's name and address. If two plaintiffs are living at the same address, then the names and addresses may be listed together. For more plaintiffs, check the "additional plaintiffs" box and attach another sheet with their names and addresses.	Plaintiff: <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <u>Lloyd</u> <u>Hopkins</u> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-bottom: 5px;"> First name Middle name Last name </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <u>603 MAIN</u> </div> <div style="text-align: center; font-size: small; margin-bottom: 5px;">Address</div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <u>RACINE</u> <u>WI</u> <u>53401</u> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-bottom: 5px;"> City State Zip </div> <div style="text-align: center;"> <input type="checkbox"/> See attached for additional plaintiffs. </div>		
If this is an Amended Complaint, check the box. Enter the case number given you by the Clerk. The defendant is the person or business you are suing. Enter the name(s) and address(es) of the defendant(s). For more than two defendants, check the "additional defendants" box and attach another sheet with their names and addresses.	To: Defendant(s): <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <u>LUKE P</u> <u>SINCLAIR</u> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-bottom: 5px;"> First name Middle name Last name </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <u>UNITED STATE OF AMERICA</u> </div> <div style="text-align: center; font-size: small; margin-bottom: 5px;">Address</div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <u>517 E WISCONSIN AVE</u> </div> <div style="text-align: center; font-size: small; margin-bottom: 5px;">Address</div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <u>MILWAUKEE</u> <u>WI</u> <u>53202</u> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-bottom: 5px;"> City State Zip </div> <div style="text-align: center;"> <input type="checkbox"/> See attached for additional defendants. </div>		
On the far right: Check one of the boxes to show what type of small claims case you are filing. Note: The clerk will provide the phone number for the disability box.	<div style="text-align: right; margin-bottom: 10px;"> <input type="checkbox"/> Amended </div> <div style="text-align: center; margin-bottom: 10px;"> Summons and Complaint (Small Claims) </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> Case No. <u>23SC0902</u> </div> <div style="display: flex; flex-direction: row-reverse;"> <div style="width: 15%; text-align: right; font-size: small;"> <input type="checkbox"/> Claim for money (\$10,000 or less) 31001 <input checked="" type="checkbox"/> Tort/Personal injury (\$5,000 or less) 31010 <input type="checkbox"/> Return of property (replevin) 31003 <input type="checkbox"/> Eviction 31004 <input type="checkbox"/> Eviction due to foreclosure 31002 <input type="checkbox"/> Arbitration award 31006 <input type="checkbox"/> Return of earnest money 31008 </div> <div style="width: 85%; border: 1px solid black; padding: 5px; font-size: small;"> If you require reasonable accommodations due to a disability to participate in the court process, please call <u>262-636-3333</u> prior to the scheduled court date. Please note that the court does not provide transportation. </div> </div>		

SUMMONS

Do not check either of these boxes. The clerk will check one or both and circle "AND" or "OR" according to local court procedure. The clerk will circle what you need to do and will provide the date, time, and place to appear and/or answer.	To the Defendant(s): You are being sued as described on the attached complaint. If you wish to dispute this matter: <div style="margin-top: 5px;"> <input type="checkbox"/> You must appear at the time and place stated. <input type="checkbox"/> You must file a written answer and provide a copy to the plaintiff or plaintiff's attorney on or before the date and time stated. </div> If you do not appear or answer, the plaintiff may win this case and a judgment entered for what the plaintiff is asking.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">When to Appear/File an Answer</th> </tr> <tr> <td style="width: 50%; padding: 5px;"> Date <u>3-23-23</u> </td> <td style="width: 50%; padding: 5px;"> Time <u>9:30</u> </td> </tr> <tr> <th colspan="2" style="text-align: center; padding: 5px;">Place to Appear/File an Answer</th> </tr> <tr> <td colspan="2" style="padding: 5px;"> Racine County Courthouse 730 Wisconsin Avenue Racine, WI 53403 <div style="font-size: 2em; text-align: center; margin-top: 10px;">Zoom</div> </td> </tr> <tr> <td style="padding: 5px;">Date Summons Issued</td> <td style="padding: 5px;">Date Summons Mailed</td> </tr> </table>	When to Appear/File an Answer		Date <u>3-23-23</u>	Time <u>9:30</u>	Place to Appear/File an Answer		Racine County Courthouse 730 Wisconsin Avenue Racine, WI 53403 <div style="font-size: 2em; text-align: center; margin-top: 10px;">Zoom</div>		Date Summons Issued	Date Summons Mailed
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Date Summons Issued	Date Summons Mailed												
Note: Leave dates blank; the clerk or plaintiff's attorney will enter them.	Clerk/Attorney Signature 												

COMPLAINT**Plaintiff's Demand:**

The plaintiff states the following claim against the defendant(s):

23800002

Check the box for the type of small claims case you have filed.

See Basic Guide to Wisconsin Small Claims Actions (SC-6000V).

Briefly explain the facts and why the court should award you what you are asking for.

For Eviction Actions: If you are seeking money damages, you must also state that claim on this form. If you do not know the exact amount of money damages yet, state that the amount of money damages cannot yet be determined.

If you need more room, check this box and attach additional sheets.

Check if you are the plaintiff or the attorney.

1. Plaintiff demands judgment for: (Check as appropriate)

- ☐ Claim for Money \$
- ☒ Tort/Personal injury \$ MAX-ALL
- ☐ Return of property (replevin) (Describe property in 2 below.)
(Not to include Wis. Stats. 425.205 actions to recover collateral.)
- ☐ Eviction
- ☐ Eviction due to foreclosure
- ☐ Return of Earnest Money
- ☐ Confirmation, vacation, modification or correction of arbitration award.

Plus interest, costs, attorney fees, if any, and such other relief as the court deems proper.

2. Brief statement of dates and facts:

(If this is an eviction action and you are seeking money damages, you must also state that claim on this form.)

TREASON !!!

☐ See attached for additional information. Provide copy of attachments for court and defendant(s).

I am the ☐ plaintiff.
☒ attorney for the plaintiff.

Enter your or your attorney's name and date.

Print or type your name.
Enter your or your attorney's phone number.

An attorney must enter his or her State Bar Number, law firm and address.

[Signature] Plaintiff
Lloyd Hopkins Name Printed or Typed
1603 MAIN ST Address

Email/Address

NA

Telephone Number

3/2/23 Date

Attorney's Signature

Attorney's Name Printed or Typed

Attorney's Address

Attorney's Email Address

Telephone Number

Date

State Bar No (if any)

COPIES: For each person you are suing, make two copies of this signed original and any attachments, and bring them to the clerk of court.

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

for the

District of

Division

Lloyd Hopkins

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Social Security Administration & Milwaukee County

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. _____

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Lloyd Hopkins
Street Address	603 Main ST
City and County	Racine
State and Zip Code	Wi, 53401
Telephone Number	N/A
E-mail Address	N/A

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

Defendant No. 1

Name	Luke SinClair
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Job or Title (<i>if known</i>)	Attorney
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Street Address	517 E. Wisconsin Ave
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City and County	Milwaukee
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State and Zip Code	Wisconsin 53202
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Telephone Number	N/A
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E-mail Address (<i>if known</i>)	N/A
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Defendant No. 2

Name	Milwaukee County
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Job or Title (<i>if known</i>)	Justice
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Street Address	901 N.9 th St
----------------	--------------------------

City and County	Milwaukee
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State and Zip Code	Wisconsin 53233
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Telephone Number	N/A
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E-mail Address (<i>if known</i>)	N/A
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Defendant No. 3

Name	Childs Rhodes
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Job or Title (<i>if known</i>)	Clerk/Commisionior
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Street Address	901 N.9 th St
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City and County	Milwaukee
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State and Zip Code	Wi 53233
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Telephone Number	N/A
------------------	-----

E-mail Address (<i>if known</i>)	N/A
------------------------------------	-----

Defendant No. 4

Name	Katryna
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Job or Title (<i>if known</i>)	Clerk/ commisionior
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Street Address	901 N 9 th St
----------------	--------------------------

City and County	Milwaukee
-----------------	-----------

State and Zip Code	Wi 53233
--------------------	----------

Telephone Number	N/A
------------------	-----

E-mail Address (<i>if known</i>)	N/A
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II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question

☒ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Civil Rights

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* Lloyd Hopkins, is a citizen of the
State of *(name)* Wisconsin.

b. If the plaintiff is a corporation

The plaintiff, *(name)* Lloyd Hopkins, is incorporated
under the laws of the State of *(name)* Lloyd Hopkins,
and has its principal place of business in the State of *(name)*
Wisconsin.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, *(name)* Luke Sinclair, is a citizen of
the State of *(name)* Wisconsin. Or is a citizen of
(foreign nation) United States of America.

b. If the defendant is a corporation

The defendant, (name) Milwaukee County, is incorporated under the laws of the State of (name) Wisconsin, and has its principal place of business in the State of (name) Wisconsin.
Or is incorporated under the laws of (foreign nation) United States of America, and has its principal place of business in (name) Milwaukee County.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

Social Sercurity Adminstration & Milwaukee county are playing with my pension

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Milwaukee County left me a message for 200.00 dollars. Requesting I spend more money. Social Sercurity Administration left the message. 2/24/23 over a ZOOM MEETING (3)

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

10.000 dollars

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

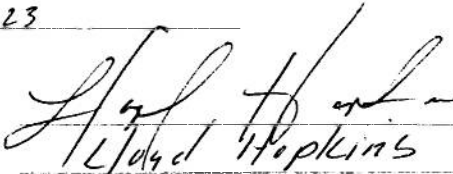
A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 2-28-23

Signature of Plaintiff

Printed Name of Plaintiff


Lloyd Hopkins

B. For Attorneys

Date of signing: 2-28-23

Signature of Attorney

Printed Name of Attorney

Bar Number

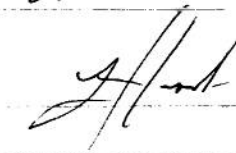
Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address



603 Main St
Racine WI 53401
262-705-2314